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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 09/835,473 04/16/2001 PAT 6,638,279 which is a CON of 09/532,942
03/22/2000 PAT 6,238,395
which is a CON of 09/363,707 07/29/1999 PAT 6,045,551
which is a CIP of 09/323,488 06/01/1999 PAT 6,117,160
which is a CON of 09/019,977 02/06/1998 PAT 5,921,986

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

33771

TITLE

APPARATUS AND METHOD FOR TREATING A FRACTURE OF A BONE

FILING FEE RECEIVED 902	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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